

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	2			1			53						
4	1			1			54						
5	1			1			55						
6	1			1			56						
7	1			1			57						
8	1			1			58						
9	1			1			59						
10	1			1			60						
11	1			1			61						
12	1			1			62						
13	1			1			63						
14	1			1			64						
15	1			1			65						
16	1			1			66						
17	1			1			67						
18	1		1				68						
19		1		1			69						
20	2			1			70						
21	1			1			71						
22	1			1			72						
23	1			1			73						
24	1			1			74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	24	←	22	←		↓	TOTAL DEP.	←	←	↓	←	←	↓
TOTAL CLAIMS	26		24				TOTAL CLAIMS						